

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

30639

1. PLACE OF DEATH

County Jackson Registration District No. 399
Towashp. Kear Primary Registration District No. 1007
City Kennett (No. 3241 Harrison)

File No. _____
Registered No. 5090
St. _____ Ward _____

2. FULL NAME

William Andrew Cue
(a) Residence. No. 3241 Harrison St. 6 Ward. _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruby B. Cue

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-7-1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>56</u>	<u>0</u>	<u>16</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cleaning
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ottawa
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Walter H. Cue

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER Alice Stewart

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Illinois

14. INFORMANT Mrs. Ruby D. Cue
(Address) 3241 Harrison St.

15. FILED 9/23 1928 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept-23 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1928, to Sept 23, 1928 that I last saw him alive on Sept 22, 1928, and that death occurred, on the date stated above, at 2:15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency of the Heart

92.8 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) 900 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST, CONFIRMED DIAGNOSIS? none

(Signed) Dr. Frank Watson, M. D.

9/23, 1928 (Address) 1120 Riath

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sedalia, Mo. DATE OF BURIAL Sept. 25, 1928

20. UNDERTAKER Mrs. C. L. Forster ADDRESS K. C. Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE-INK METHOD, WITH UNFADING INK—THIS IS A PERMANENT RECORD

